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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)																									
<b>FY 2008</b>		IDEV:020US																									
<small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>																											
Application Number 10/092,385		Filed March 5, 2002																									
For Methods for Securing Strands of Woven Medical Devices and Devices Formed Thereby																											
Art Unit 3773		Examiner Darwin P. Erez																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ 555.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">Refund Ref: \$ _____</td> <td style="text-align: center;">\$ 0030067957</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card by EFS Web.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 44,699</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p style="text-align: center;">_____ /Mark T. Garrett/ Signature</p> <p style="text-align: center;">_____ December 1, 2008 Date</p> <p style="text-align: center;">_____ Mark T. Garrett Typed or printed name</p> <p style="text-align: center;">_____ (512) 536-3031</p> <p style="text-align: right;">Adjustment Date 12/02/2008 CRHLOK 12/02/2008 INTERSW 00004552 10092385 02 FC:2253 555.00 OP</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 555.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	Refund Ref: \$ _____	\$ 0030067957
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This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>03/19/09</u>		2 Serial/Patent # <u>10/092,385</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	EOT	12/01/08	\$ 555.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND			\$ 555.00	
8 TO BE REFUNDED BY:				
<input checked="" type="checkbox"/>	<del>Treasury Check</del> <u>CC</u>			
	Credit Deposit A/C #:			
9			--	
10 REASON:				
	Overpayment			
	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
Extension of time was untimely.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>L. Walsh</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u><i>Lianan Walsh</i></u>		PHONE: <u>2-3206</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>CKH</i></u>		DATE: <u>3/22/09</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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